U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OF THE PARTY OF TH		
1. File Number <b>U</b> - 10038	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name MICHAEL . D JOHNSON	Name PLUMBERS AFL-CIO LOCAL 68	
	Labor Organization File Number 039-449	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P O BOX 8746	
Street 1602 STONEHAVEN VILLAGE CIRCLE	Street 502 LINK ROAD	
City SPRING	City HOUSTON	
State Texas ZIP Code + 4 77386-2270	State Texas ZIP Code + 4 77249-8746	
5. Position in labor organization.		
Terrest Mid-Value Hay D. T. Committee Committe		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
	1-19-2005 CK 20737 PAID TO TCEQ FOR BACKFLOW	
Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM	LICENSE RENEWAL TO CONTINUE INSTRUCTION OF CLASS	
Trade Name, if any: HAPJAC		
P.O. Box, Bldg., Room No., if any P.O. BOX. 8653		
	7.b. Amount,	
Street 454 LINK ROAD		
City HOUSTON	\$105	
State   Texas   ZIP Code + 4		
Sign	nature 177 what D. Johnson	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the	
Signed Milal D. Johnson	On 3-31-06 291-364-8792  Date Telephone Number	

Maihe of Person Filing MICHAEL JOHNSON	File Number U- 10038
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Cods + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered bode or from any labor relations consultant to an employer any payment of management of manage	or other thing of value,
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	MICHAEL.	JOHNSON

F	ile	Number	u.	3.0	03	g
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## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name HOWERN AREA PLUMBING JOINT APPROVING COMM	INSURANCE ON INSTRUCTOR	
Trade Name, if any: HAP JAC		
P.O. Box, Bldg., Room No., if any P.O. BOX 8653	7.b. Amount,	
Street 454 LINK ROAD	9 9:00	
City Houston		
State TEXAS ZIP Code + 4 77249 - 8643		
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose	
Name and address of Employer (including trade name if any),	7.a. Nature of Interest, Transaction, or Income.	
Name HOUSTON AREA PLUMBUL JOINT APPREATICE COOM,	EXPENSE ALLOWANCE WHILE ATTENDING D. A. INSTRUCTOR TRAINING, ANN ARBOR MICHIGAN 8-6-05, 8-11-05	
Trade Name, if any: LAP TAC	MEALS OR CLASS MATERIALS NEEDED WHILE	
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P.O. Box, Bldg., Room No., if any POBOX 86.53	7.b. Amount.	
Street 454 LINK ROAD		
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Name HOUSTON AREA PLUMBIAL JOINT APPRENITICE COMM	TRAINING, ANN ARBOR MICHIGAN	
Trade Name, if any: HAPTAC		
P.O. Box, Bldg., Room No., if any P.O. Box 8653	7.b. Amount.	
Street 454 LINK ROAD	come by management and a comment of the comment of	
City HOUS TON	\$ 285.00	
State TEXA5 ZIP Code + 4 77249: 8643		

## Part A Continuation Page

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Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name HOUSTON AREA PLUMBING TOINT APP. COMM	GRADUATION DINNER WHILE ATTENDING U.A. INSTRUCTOR TRAINING, ANN ARBOR
Trade Name, if any: [JAPJoC	michigan
P.O. Box, Bldg., Room No., if any P.O. Box. 8653	7.b. Amount
Street 454 LINK ROAD	<b>47</b>
City [Housing]	37.00
State TUXAS ZIF Code + 4 17249-868	
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name HOUSTON AREA PLUMBING JOINT APPRENTICE COMM.	AUTO RENTAL WHILE ATTENDING U.A.  INSTRUCTOR TRAINING, ANN ARBOR
Trade Name, if any: HAPJAC	INSTRUCTOR TRAINING, ANN ARSOR
THE COLUMN TO TH	MICHIGAN
P.O. Box, Bldg., Room No., if any P.O. Box 8653	
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Name of Person Filing MICHAEL JOHNSON
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File Number U- 10038

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6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
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Street 454 LINK ROAD  City Houston  State Towns ZIP Code + 4 177249-864	7.b. Amount.
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